

FILED MAR 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7843

State File No.

BIRTH NO. <u>78793-49</u>		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5135</u>		Registrar's No. <u>136</u>	
1. PLACE OF DEATH a. COUNTY <u>BUTLER</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-ASH HILL TWP.</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-ASH HILL TWP.</u> d. STREET ADDRESS (If rural, give location) <u>10 MI S.E. POPLAR BLUFF MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Connie</u> b. (Middle) <u>Faye</u> c. (Last) <u>Coble</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR-8-1950</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>Dec 13-1949</u>		9. AGE (In years last birthday) <u>2</u> <u>25</u> <u>0</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BUTLER CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>LEONARD RAYMOND COBLE</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie C. Webb</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>176</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys Coble</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Whooping cough</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2561</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>15 Jan</u> , 1950, to <u>8 Mar</u> , 1950, that I last saw the deceased alive on <u>2 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. A. Post</u>				23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>10 Mar 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 9 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 22-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N.J. Phelps</u>			
ADDRESS <u>Poplar Bluff Mo</u>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

350-154

MAR 27 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.